



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ★ Austin, Texas 78701
512-305-8000 ★ www.tsbp.state.tx.us

Clinic Pharmacy (Class D) License Application

1 Pharmacy Name & Location Address (Street, City, ZIP) 	FOR TSBP USE ONLY			
2 Pharmacy Telephone Number: () Pharmacy Fax Number : () Web Address: Email Address:	License No.	Amount	Receipt No.	Applicant No.
	5 <input type="checkbox"/> Check here if for a NEW PHARMACY <input type="checkbox"/> Check here if a CHANGE OF OWNERSHIP . If change of ownership, indicate previous name, address and license number of pharmacy: 			
3 Type of Ownership (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) _____	6 Application Fee Payable to Texas State Board of Pharmacy Pharmacy License \$535 # of Pharmacy Balances/Scales _____ x \$25.00 \$ <div style="text-align: right;">TOTAL DUE \$</div>			
4 Type of Pharmacy (check one) <input type="checkbox"/> Public Health <input type="checkbox"/> Other (specify) _____	7 Description of Services – Check All That Apply Must Indicate at Least 1 Type of Service <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Alternative Visitation Schedule <input type="checkbox"/> Expanded Formulary <input type="checkbox"/> Home Delivery <input type="checkbox"/> Pharmacist Administered Immunizations </div> <div> <input type="checkbox"/> Pharmacist Compounding Non-Sterile <input type="checkbox"/> Out Patient Prescriptions <input type="checkbox"/> Shipping Prescriptions Out-of-State </div> </div>			
8 Pharmacist-in-Charge _____ License # _____ (Print or type)	11 Anticipated Date of Opening and Hours of Operation:			
9 By my signature, I acknowledge I am the pharmacist-in-charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy. <i>THIS SIGNATURE MUST BE NOTARIZED</i> _____ Signature of Pharmacist-in-Charge Date	12 Staff Pharmacist(s) _____ License # _____ 			
	13 Registered Technician(s) _____ Registration # _____ 			
10 Subscribed and sworn to before me this _____ day of _____, 20____ _____ Notary Public				

NOTICE: A Class D pharmacy license shall be issued to public health clinics, not physician's office pharmacy. Clinic Pharmacy (Class D) is defined as a facility/location other than a physician's office, where limited types of dangerous drugs or devices restricted to those listed in and approved for the clinic's formulary are stored, administered, provided, or dispensed to outpatients. (e.g. planned parenthood, public health).
Read [Rule 291.93](#).

14	Class D Clinic Pharmacy (a) Name and Texas License Number of Medical Director: _____ (b) Attach a copy of the Pharmacy's Policy and Procedure Manual, which must include the clinic drug formulary if requesting permission to maintain an expanded formulary or an alternative visitation schedule, see Board Rule 291.93.		
15	PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:		
1.	Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of <u>any</u> professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions. *If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation.		<input type="checkbox"/> YES* <input type="checkbox"/> NO
2.	Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been subject to court ordered probation as related to any offense?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> 1 Spanish</div> <div style="width: 33%;"><input type="checkbox"/> 3 Telecommunication Device for the Deaf (TDD)</div> <div style="width: 33%;"><input type="checkbox"/> 5 AT&T Translating Service</div> <div style="width: 33%;"><input type="checkbox"/> 2 Vietnamese</div> <div style="width: 33%;"><input type="checkbox"/> 4 American Sign Language</div> <div style="width: 33%;"><input type="checkbox"/> 6 Other _____</div> </div>		<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Does this pharmacy participate in the Texas Medicaid program?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
16	ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules. THIS SIGNATURE MUST BE NOTARIZED: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Owner / Managing Officer </div> <div style="width: 15%;"> _____ Date </div> <div style="width: 40%;"> Subscribed and sworn to before me this _____ day of _____, 20____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Owner / Managing Officer's Name (Type or Print) </div> <div style="width: 55%;"> _____ Notary Public </div> </div>		